Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 **CLAIMS AS FILED - PART I OTHER THAN** SMALL ENTITY (Column 1) TYPE [ **SMALL ENTITY** (Column 2) OR NUMBER FILED **NUMBER EXTRA FOR** RATE RATE FEE FEE 345.00 690.00 OR **BASIC FEE** minus 20= **TOTAL CLAIMS** X\$18=X\$ 9= OR INDEPENDENT CLAIMS minus 3 = X78 =X39 =OR MULTIPLE DEPENDENT CLAIM PRESENT +260= +130= OR \* If the difference in column 1 is less than zero, enter "0" in column 2 TOTAL OR TOTAL OTHER THAN **CLAIMS AS AMENDED - PART II SMALL ENTITY** SMALL ENTITY OR (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-NUMBER REMAINING **PRESENT** TIONAL RATE TIONAL RATE **PREVIOUSLY AMENDMENT AFTER EXTRA** FEE FEE AMENDMENT PAID FOR X\$18=Total: Minus -X\$ 9= OR Minus Independent X78= X39= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS ADDI-ADDI-REMAINING NUMBER **PRESENT** TIONAL TIONAL RATE RATE **PREVIOUSLY AMENDMENT AFTER EXTRA** FEE FEE **AMENDMENT** PAID FOR Total Minus X\$18= X\$ 9= OR Minus Independent X39 =X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +260= +130= OR TOTAL TOTAL OR ADDIT. FEE ADDIT, FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-ADDI-O REMAINING NUMBER **PRESENT** RATE TIONAL **RATE** TIONAL **PREVIOUSLY AMENDMENT AFTER EXTRA** PAID FOR FEE **AMENDMENT** FEE Total Minus X\$ 9= X\$18= OR Independent Minus X39= X78= OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +130= +260= OR \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL TOTAL OR \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE ADDIT, FEE \*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09 607649

## Total Fee Calculation

|                                      |                    | <b>.</b> .        |                   |            |             |   |              |
|--------------------------------------|--------------------|-------------------|-------------------|------------|-------------|---|--------------|
|                                      | Fee Cade           | Tatal<br># Claims | Number<br>Ettra X | Fcc        | Fee         | - | Total        |
|                                      | Sa./Lg.            |                   |                   | Son Entiry | Lg. Entiry  |   |              |
| Basic Filing Fee                     | 201/101            | 10                | · .               | 345        |             | • |              |
| Total Claims >20                     | 203/101            | .20 -             | x                 |            |             | • |              |
| Independent Claims >1                | 202/102            | 1:                | $\perp$ ×         | 39         | <del></del> | • | <u> </u>     |
| Mult. Dep Claim Present              | 204/10,4           |                   | •                 |            |             |   |              |
| Surcharge                            | 205/105            |                   |                   | 65         |             | • |              |
| English Translation                  | 139                |                   |                   |            |             |   | <del></del>  |
| TOTAL FEE CALCULA                    | MOITA              | ·                 |                   |            | ·           |   | <del>_</del> |
| Fees due upon filing t               | ne application.    |                   |                   |            |             |   |              |
| Total Filing Fees Due                | = . 2              | 449.C             | 70_               |            |             | • |              |
| Less Filing Fees Subm                | ined - \$          |                   |                   |            |             |   |              |
| BALANCE DUE Office of Initial Patent | = S<br>Examination | 149.0             | C                 |            |             |   |              |

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)